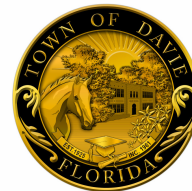




**VOLUNTEER APPLICATION**  
1230 S. Nob Hill Road, Davie, FL 33324  
(954) 693-8200



A Volunteer Application must be completed for an applicant to be considered to volunteer at the Town of Davie Police Department. Please answer each question. If the question does not apply, indicate N/A. If the space available is insufficient, please attach additional sheets as required. Please PRINT CLEARLY or TYPE all information. Please use ink.

1) Position Applied For \_\_\_\_\_

2) Social Security Number \_\_\_\_\_

3) Telephone Number \_\_\_\_\_

4) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

5) Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6) Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7) Are you available to work \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary When are you able to start? \_\_\_\_\_

8) Under the Immigration Reform and Control Act, we are required to verify that you are legally eligible for employment in the United States. Please provide the appropriate documentation upon employment.

**Appropriate documentation includes any one of the following:**

- United States Passport
- Certificate of United States Citizenship
- Certificate of Naturalization
- Resident Alien Card, provided it bears a Photograph of the bearer
- Temporary Resident Card
- Employment Authorization Card

If the aforementioned are not available, appropriate documentation may consist of the following:

- Social Security Card\*
- Original or certified copy of a Birth Certificate\*
- Unexpired INS Employment Authorization\*
- Certification of Birth Abroad issued by the Department of State\*
- United States Citizen Identification Card\*

\*Must be accompanied by a document that establishes identity, such as a picture-bearing driver's license, a picture-bearing state issued identification card or school identification card, voter's registration card, United States Military card or draft record. **Documents other than those listed may be accepted, please inquire.**

9) Education (attach a copy of diploma, G.E.D., certificate or degree)

A) Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

High school diploma Yes ☐ No ☐ If yes, date received: \_\_\_\_\_

Equivalency-G.E.D. Yes ☐ No ☐ If yes, date received: \_\_\_\_\_

Name/City/State of last school attended: \_\_\_\_\_

B) List Special Training (Business Technical, Vocational, Armed Forces School, etc.)

Name and Location of Vocational Certificate(s) School, Training Center, etc. Received	From MO/YR	To MO/YR	Course(s) Taken	or	Subject(s)
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C) List Colleges and Universities Attended

Name and Location of College or University	From MO/YR	To MO/YR	Credit MO/YR	Hours	Program of Study	Degree	Date Received
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D) List any experience, skills, or qualifications which you feel should be considered:

E) List any special qualifications not covered elsewhere (i.e. membership in professional or technical associations, licenses or certificates held or certified membership in any trade or profession):

10) **Employment Record:** Begin with your present or most recent employment and work back. List all jobs held in the last ten years. If more space is necessary, please attach additional sheets. Be specific when describing job duties.

**May we contact your present employer regarding your record of employment?** ☐ Yes ☐ No

A) **Present** Employer \_\_\_\_\_

From MO/YR	To MO/YR
---------------	-------------

Address City/State/Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Position Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

B) **Present** Employer \_\_\_\_\_

From                      To  
MO/YR                      MO/YR

\_\_\_\_\_  
Address City/State/Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Position Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11) **References:** Please list three people not related to you, whom you have known for at least one year.

A) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

B) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

C) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

12) Have you ever been discharged or forced to resign from any job? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

13) Have you ever been convicted of any criminal offense, pleaded guilty or *nolo contendere*, or found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended? ☐ Yes ☐ No

Date \_\_\_\_\_ Charge \_\_\_\_\_ Place \_\_\_\_\_

Current Status \_\_\_\_\_

13) Have you ever been a defendant in any civil action or lawsuit that included a claim against you for an intentional tort (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc?) ☐ Yes ☐ No

If yes, state the date, name and location of the court in which the claim, action, or lawsuit was brought against you, and the current status or disposition of the claim, action or lawsuit.

Date: \_\_\_\_\_ Court: \_\_\_\_\_

(Name/Location)

Status/disposition: \_\_\_\_\_

15) **In case of emergency, please notify:**

Name \_\_\_\_\_ Relationship (if any) \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION**

I understand that misrepresentation or omission of pertinent facts called for may be cause for dismissal if I am employed. I authorize the Town of Davie to make inquiries into my personal, educational or employment history as may be necessary to reach any employment decision and I consent to the release of information from past employers and other individuals concerning my qualifications for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

A Guardian's signature is required if applicant is a minor under 21 years of age



## DRUG-FREE & ALCOHOL-FREE WORKPLACE APPLICANT NOTIFICATION & ACKNOWLEDGEMENT

The Town of Davie has determined that drugs (including alcohol), taken for non-medicinal purposes, have no place on the job. An employee's use of drugs and/or alcohol subjects the employee, co-workers and the public to unacceptable safety risks, impairs an employee's ability to perform on the job, and undermines the Town of Davie's ability to operate effectively and efficiently. Accordingly, the Town of Davie has implemented a drug-free and alcohol-free workplace program in keeping with both the spirit and intent of the Drug-Free Workplace Act of 1988, 41 U.S.C. Section 701, et seq. It is a condition of employment that all employees abide by this policy concerning drugs and alcohol.

Tests for the presence of controlled substances will be administered following a conditional offer of employment to:

- all applicants for full-time regular and full-time temporary positions and part-time regular positions at the time of the pre-employment physical examination; and
- all applicants for part-time temporary positions.

The Human Resources Department will schedule the examination of eligible applicants. At the time of screening, applicants are to identify themselves by a driver's license or other means of photographic identification. Parental consent will be required for applicants under eighteen years of age.

The confirmed presence of a controlled substance without adequate explanation will result in termination of the applicant's candidacy. Applicants may contest or explain the confirmed positive test result to the Town of Davie within five working days after written notification of the confirmed positive test result. Applicants who refuse to be tested for controlled substances, or who fail to report for testing as directed, or who have a confirmed positive test result, will be removed from consideration for employment and shall be precluded from reapplying for employment with the Town for a period of one (1) year from date of refusal, failure to report, or confirmed positive test result.

If the test results are positive, the applicant may, at his/her own expense, have a Gas Chromatography - Mass Spectrometry performed on the original sample by a qualified laboratory. Written results from the laboratory are to be provided to the Human Resources Department.

I have read the above and am aware of the above policy.

**NOTE: DO NOT SIGN THIS FORM UNLESS IN THE PRESENCE OF WITNESS.**

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Witness Signature                      Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian  
( if applicant is under the age of 18 )

\_\_\_\_\_  
Print Witness Name                      Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date  
( if applicant is under the age of 18 )

\_\_\_\_\_  
Witness Signature                      Date



**RELEASE AND WAIVER FORM FOR PRE - EMPLOYMENT  
BACKGROUND INVESTIGATION -  
MUST BE NOTARIZED PRIOR TO SUBMISSION  
OF APPLICATION**

I, \_\_\_\_\_, hereby authorize any officer or other authorized representative of the Town of Davie bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my personal, educational, or employment history as may be necessary to reach any employment decision including, but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, social security information and records, and disciplinary records, and I consent to the release of information from past employers and other individuals concerning my qualifications for employment.

I also hereby, authorize any officer or other authorized representative of the Town of Davie bearing this release or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s) or both, which pertain to my employment following a conditional offer of employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Davie.

I also hereby release you, as the custodian of such records and any school, college, university or other education institution, or retail business establishment including collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I also hereby release the Town of Davie and any officer or other authorized representative of the Town of Davie, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

**DO NOT SIGN UNLESS IN THE PRESENCE OF A NOTARY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

By signing this form, I authorize my minor child to sign this Release and Waiver form for pre-employment background investigation.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type, or Stamp Commissioned  
Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_